		O/08/25 CIPPE CONFIDENT			
	OFFIC	IAL ROUTING	SLIP		
го	NAME AND ADDRESS		INITIALS	DATE	
1	SA/DCI/PC 321 Admin				
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-	ACTION	DIRECT REPLY			
	APPROVAL	DISPATCH	RECOMM	RECOMMENDATION RETURN	
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FROM: NAME, ADDRESS AND PHONE NO.

Replaces Form 30-4 which may be used. FORM NO. 237

DATE